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EXTRAORDINARY

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SCHOOL & MASS EDUCATION DEPARTMENT

NOTIFICATION

The 1st July 2025

S.R.O. No. 608/2025—In exercise of the powers conferred by sub-section (1) of Section 27 read with sub-section (1) of Section 10 of the Odisha Education Act, 1969, after consultation with the Controller of Accounts, Odisha, Government have decided that the following amendment shall be made in the Form VI, Form VII and Form VIII prescribed in the Odisha Aided Educational Institutions Employee's General Provident Fund Rules, 1983 read with Letter No. 6336/EYS, dated the 14th February 1984.

1. The existing Form VI & VII shall be replaced with the following form :

FORM OTC-80 A

(*See* SR-669)

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE GENERAL PROVIDENT FUND ACCOUNT

To

The Controller of Accounts,
Odisha, Bhubaneswar.

Madam/ Sir,

It is certified that Shri/Smt. _____ is due to retire / have retired/ have proceeded on leave preparatory to retirement for months / have been discharged / dismissed removed / have been permanently transferred to _____/ have resigned finally from the service under Non-Government Aided Educational Institution to take-up appointment with _____ and the resignation has been accepted with effect from _____ .

2. The Provident Fund Account Number of Shri/Smt./Kumari/Miss _____ as verified from the statements furnished to him/her from year to year is _____.
3. He/ She joined in service on _____forenoon/ afternoon. He/She is due to retire from service under Non-Government Aided Educational Institution Service on _____.
4. He/ She has not resigned from service under Non-Government Aided Educational Institution with prior permission of the competent Authority to take up an appointment in another Department/ Organization of the same Government or under another State Government or Central Government or under a body Corporate owned or controlled by the State.

5. The last fund deduction was made from his/her pay from the month of _____drawn in this Office Bill No. _____, dated _____ for Rs. _____ (Rupees _____), Challan/ Voucher No. _____ of District/ Special Treasury _____, the amount of deduction being Rs. _____ (Rupees _____) and recovery on account of refund of advance Rs. _____ (Rupees _____ _____) .

6. He/ She was neither sanctioned any Temporary Advance nor any Part-Final Withdrawal from his Provident Fund Account No. _____ during the twelve months immediately preceding the date of his/her quitting service under Non-Government Aided Educational Institution/Proceeding on the leave preparatory to retirement or thereafter.

OR

7. The following Temporary Advance/ Part-Final Withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account No. _____ during the twelve months immediately preceding the date of his/her quitting service under Non-Government Aided Educational Institution/proceeding on the leave preparatory to retirement or thereafter are given below :—

Temporary Advance				Part-Final Withdrawal			
Amount of Adv.	Voucher No.	Voucher Date	Treasury	Amount of Adv.	Voucher No.	Voucher Date	Treasury

8. He/ She had taken the aforesaid advances in respect of which _____ installments of Rs. _____ (Rupees _____) are yet to be recovered and credited to the General Provident Fund Account.

9. The amount of Rs. _____ (Rupees _____) standing to the credit in his/her GPF Account No. as indicated in the accounts statement issued for the year _____ as appearing in the ledger account being maintained by you may please be arranged to be paid to Shri/Smt. _____ as 1st installment of final payment through State Pension Treasury, Bhubaneswar.

10. I request that the entire amount at his/her credit with interest due under the rules may be authorized for payment to his/her Bank A/c No. _____, IFSC _____, Mobile No. of the subscriber is _____.

Yours faithfully

DSC/E-Sign of the Head of Office

E-Sign of the Pension Sanctioning Authority (PSA)

(In case of Head of Office whose Final GPF will be sanctioned by next higher Authority)

2. Form VI & VII prescribed under OAEIE GPF Rules, 1983 shall be omitted.

3. The existing Form VIII prescribed under OAEIE GPF Rules, 1983 shall be replaced with the following form :

FORM OTC-80 C
(*See* SR-669)

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE GENERAL PROVIDENT FUND ACCOUNT

(TO BE USED BY THE NOMINEE OR ANY OTHER CLAIMANTS WHERE NO NOMINATION SUBSISTS)

To

The Controller of Accounts,
Odisha, Bhubaneswar.

Madam/ Sir,

It is requested that arrangements may kindly be made for payment of the accumulations in the General Provident Fund Account of Shri/ Smt./ Kumari/ Miss _____ .

The necessary particulars required in this connection are given below :—

1. Name of the Employee _____ .
2. Date of Birth _____ .
3. Post held by the Employee _____ .
4. Date of Death _____ .
5. Proof of death in the Form of Death Certificate issued by competent Authority (Attached) .
6. Provident Fund Account Number allotted to the deceased subscriber _____ .
7. Amount of Provident Fund money standing to the credit of the subscriber at the time of death, if known _____ .
8. Details of Nominee alive on the date of death of the subscriber , if a nomination subsists.

Sl. No.	Name of the Nominees	Relationship with the Subscriber	Religion	Age on the date of death	Share of the Nominees	Bank Account No.	IFS Code	Mobile Number
1								
2								

9. In case no nomination is in favour of person other than a member of the family, the details of the family, if the subscriber subsequently acquired a family.

Sl. No.	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
1							
2							
3							

10. In case of nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or of a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against the name whether her husband is alive on the date of death of the subscriber.

Sl. No.	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
1							
2							

11. In the case of amount due to a minor child whose mother (widow of the subscriber) is not a Hindu, the claim should be supported by Indemnity Bond or Guardianship Certificate, as the case may be.

12. If the subscriber has left no family and no nomination subsists, the name of the persons to whom the Provident Fund money is payable is to be supported by letters of Probate or Succession Certificate.

Sl. No.	Name	Relationship with the Subscriber	Religion	Age on the date of death	Bank Account No.	IFS Code	Mobile Number
1							
2							
3							
4							

13. The payment is desired through the office of the State Pension Treasury, Bhubaneswar.

Place :

Yours faithfully

Date :

Signature of the Claimant
Full Name & Address

FOR USE BY HEAD OF OFFICE

1. Forwarded to the Accountant General, (A & E), Odisha, Bhubaneswar / Controller of Accounts, Odisha, Bhubaneswar for necessary action. The particulars furnished above are duly verified.

2. The Provident Fund Account Number of Shri/Smt./Kumari/Miss _____ as verified from the statements furnished to him/her from year to year is _____ .

3. He/She died on _____ .

4. The last fund deduction was made from his/her Pay from the month of _____ drawn in this Office Bill No. _____, dated _____ for Rs. _____ (Rupees _____), Challan/Voucher No. _____ of District/ Special Treasury _____ , the amount of deduction being

Rs. _____ (Rupees _____) and recovery on account of refund of advance Rs. _____ (Rupees _____).

5. Certified that he/she was neither sanctioned any Temporary Advance nor any Part-Final Withdrawal from his Provident Fund Account No. _____ during twelve months immediately preceding the date of his/her death.

OR

6. Certified that the following Temporary Advance / Part-Final Withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account No. _____ during the twelve months immediately preceding the date of his/her death :—

Temporary Advance				Part-Final Withdrawal			
Amount of Adv.	Voucher No.	Voucher Date	Treasury	Amount of Adv.	Voucher No.	Voucher Date	Treasury

E-Sign of the Head of
Office / Department

4. This has been concurred in by the Controller of Accounts, Odisha, Bhubaneswar vide File No. PT1-FIN-TRY-PEN-0001-2021.

5. This shall come into force from the date of their publication in the *Odisha Gazette.*

[No. 17774—SME-NGHS-NGHS-0024-2023-SME.]

By order of the Governor
SHALINI PANDIT
Commissioner-*cum*-Secretary to Government

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